

**United States Bankruptcy Court
Middle District Of Alabama
CM/ECF**

This form, when submitted with the Electronic Case Filing (ECF) on-line application (<https://ecf.almb.uscourts.gov/register>), is used to register for filing documents electronically via the ECF system. A registered participant will have the privilege to file documents using CM/ECF with the Clerk's Office of the U.S. Bankruptcy Court for the Middle District of Alabama if training has been successfully completed. The following information is required for ECF registration. A signature is required and the form MUST be submitted during registration.

Last Name: _____
First Name: _____ **Middle Name:** _____

Bar ID#: _____
State of Admission: _____

Firm Name: _____

REQUIRED: I certify that I have completed at least ONE of the following:

_____ ECF training seminar Date: _____ Court/Location: _____
 _____ Online training module
 _____ I am a certified ECF user in another US Bankruptcy Court -- Name of Court: _____

By signing and submitting this registration form, I agree to the following:

1. Pursuant the Federal Rule of Bankruptcy Procedure 9011 and ECF general orders, every pleading, motion and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record and that signatures shall be indicated by s/ and the typed name of the person signing in the format: " s/ Jane Smith" on the signature line. My login and password constitute my signature.
2. The login and password for filing via the Internet shall be used exclusively by myself and any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.
3. I will select and activate a new password in ECF if an employee of mine who has been authorized to use my login and password no longer serves in such a capacity. I will notify ALMB if this account is no longer necessary by email at IT@almb.uscourts.gov or by phone at 334-954-3800.
4. I will immediately contact the ECF Help Desk at 334-954-3800 to report any suspected compromise of my password.
5. I will receive service of documents and any docket activity electronically pursuant to FRBP 7005, where service of documents is otherwise permitted by first class mail. In doing so, I agree to maintain a current and **active** email address to receive notification via ECF.
6. I understand that I must log in to this account at least once every 120days or the account may be locked.
7. I will abide by all of the requirements set forth in the "Administrative Procedures for Filing, Signing, Maintaining and Verifying Pleadings and Papers in the Electronic Case Filing (ECF) System" in effect (which includes the current version and any changes or addition that may be made to it).

 Applicant Name (Please type)

 Applicant Signature

Upon receipt of this signed form, your account will be activated and further instructions provided.